

Medicine And Slavery The Diseases And Health Care Of Blacks In Antebellum Virginia

Slavery and Medicine Blacks in Medicine Health and Medicine in the Circum-Caribbean, 1800-1968 Secret Cures of Slaves Doctoring Freedom Epidemics and Society Birthing a Slave Working Cures Science and Medicine in the Old South Sick from Freedom Race and Medicine in Nineteenth- and Early-twentieth-century America American Negro Slavery Medical Bondage The Book of Woe The Caribbean Slave Epidemics and History For the Health of the Enslaved Difference and Disease Doctors and Slaves Epidemic Illusions Medicalizing Blackness African American Slave Medicine Infectious Fear Bibliography of the History of Medicine Medicine and Slavery From Midwives to Medicine Liberation by Oppression Slavery and Medicine Black Man in a White Coat Social Epidemiology The Experiential Caribbean The Caribbean and the Medical Imagination, 1764-1834 Parasites, Pathogens, and Progress Slavery, Disease, and Suffering in the Southern Lowcountry Medical Apartheid The Medical Imagination The Yellow Demon of Fever The History of the Negro in Medicine Disease and the Modern World: 1500 to the Present Day Pox Americana

Slavery and Medicine

A physician and anthropologist questions the Global North's "monopoly on truth" in global public health science. In *Epidemic Illusions*, Eugene Richardson makes a provocative claim: that public health science

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manages and maintains global health inequity. Richardson, a physician and anthropologist, examines the conventional public health approach to epidemiology through the lens of a participant-observer, identifying a dogmatic commitment to the quantitative paradigm. This paradigm, he argues, plays a role in causing and perpetrating public health crises. The mechanisms of public health science--and epidemiology in particular--that set public health agendas and claim a monopoly on truth stem from a colonial, racist, and patriarchal system that had its inception in 1492.

Blacks in Medicine

Health and Medicine in the Circum-Caribbean, 1800–1968

A wide-ranging study that illuminates the connection between epidemic diseases and societal change, from the Black Death to Ebola This sweeping exploration of the impact of epidemic diseases looks at how mass infectious outbreaks have shaped society, from the Black Death to today. In a clear and accessible style, Frank M. Snowden reveals the ways that diseases have not only influenced medical science and public health, but also transformed the arts, religion, intellectual history, and warfare. A multidisciplinary and comparative investigation of the medical and social history of the major epidemics, this volume touches on themes such as the evolution of medical therapy, plague literature, poverty, the environment, and mass hysteria. In addition to providing historical perspective on diseases such as smallpox, cholera, and tuberculosis, Snowden examines the fallout from recent epidemics such

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as HIV/AIDS, SARS, and Ebola and the question of the world's preparedness for the next generation of diseases.

Secret Cures of Slaves

For most of the first half of the twentieth century, tuberculosis ranked among the top three causes of mortality among urban African Americans. Often afflicting an entire family or large segments of a neighborhood, the plague of TB was as mysterious as it

Doctoring Freedom

“Gary Greenberg has become the Dante of our psychiatric age, and the DSM-5 is his Inferno.” —Errol Morris Since its debut in 1952, the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders has set down the “official” view on what constitutes mental illness. Homosexuality, for instance, was a mental illness until 1973. Each revision has created controversy, but the DSM-5 has taken fire for encouraging doctors to diagnose more illnesses—and to prescribe sometimes unnecessary or harmful medications. Respected author and practicing psychotherapist Gary Greenberg embedded himself in the war that broke out over the fifth edition, and returned with an unsettling tale. Exposing the deeply flawed process behind the DSM-5's compilation, *The Book of Woe* reveals how the manual turns suffering into a commodity—and made the APA its own biggest beneficiary.

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Epidemics and Society

Significant study of colonial Caribbean literatures in the context of the high rates of disease and death in the region.

Birthing a Slave

In 1872, Ralph Waldo Emerson wrote, "Science does not know its debt to imagination," words that still ring true in the worlds of health and health care today. The checklists and clinical algorithms of modern medicine leave little space for imagination, and yet we depend on creativity and ingenuity for the advancement of medicine—to diagnose unusual conditions, to innovate treatment, and to make groundbreaking discoveries. We know a great deal about the empirical aspects of medicine, but we know far less about what the medical imagination is, what it does, how it works, or how we might train it. In *The Medical Imagination*, Sari Altschuler argues that this was not always so. During the eighteenth and nineteenth centuries, doctors understood the imagination to be directly connected to health, intimately involved in healing, and central to medical discovery. In fact, for physicians and other health writers in the early United States, literature provided important forms for crafting, testing, and implementing theories of health. Reading and writing poetry trained judgment, cultivated inventiveness, sharpened observation, and supplied evidence for medical research, while novels and short stories offered new perspectives and sites for experimenting with original medical theories. Such imaginative experimentation became most visible at moments of crisis or novelty in American medicine, such as the

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1790s yellow fever epidemics, the global cholera pandemics, and the discovery of anesthesia, when conventional wisdom and standard practice failed to produce satisfying answers to pressing questions. Throughout the eighteenth and nineteenth centuries, health research and practice relied on a broader complex of knowing, in which imagination often worked with and alongside observation, experience, and empirical research. In reframing the historical relationship between literature and health, *The Medical Imagination* provides a usable past for contemporary conversations about the role of the imagination—and the humanities more broadly—in health research and practice today.

Working Cures

The deprivations and cruelty of slavery have overshadowed our understanding of the institution's most human dimension: birth. We often don't realize that after the United States stopped importing slaves in 1808, births were more important than ever; slavery and the southern way of life could continue only through babies born in bondage. In the antebellum South, slaveholders' interest in slave women was matched by physicians struggling to assert their own professional authority over childbirth, and the two began to work together to increase the number of infants born in the slave quarter. In unprecedented ways, doctors tried to manage the health of enslaved women from puberty through the reproductive years, attempting to foster pregnancy, cure infertility, and resolve gynecological problems, including cancer. Black women, however, proved an unruly force, distrustful of both the slaveholders and their doctors. With their own healing traditions, emphasizing the power of roots and herbs and the critical roles of family and community, enslaved women struggled to take charge of their own health in a system that did not respect their social circumstances, customs, or values. *Birthing a Slave* depicts the

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competing approaches to reproductive health that evolved on plantations, as both black women and white men sought to enhance the health of enslaved mothers--in very different ways and for entirely different reasons. *Birthing a Slave* is the first book to focus exclusively on the health care of enslaved women, and it argues convincingly for the critical role of reproductive medicine in the slave system of antebellum America.

Science and Medicine in the Old South

From Midwives to Medicine examines the development of modern medical treatment of women and the related history of women's health in the mid-1800s. McGregor looks not only at the medical figures who devised and practiced the innovative therapist, but also at the history of the patient experience in the development and the professionalization of a medical specialty. In exploring the controversial career of J. Marion Sims, "the father of gynecology," and the history of the Woman's Hospital of the State of New York, McGregor chronicles the emergence of a practice involving previously untried medical techniques and the use of experimentation on patients according to a social hierarchy based on race and sex. Using patient records and archival material from the female governors and administrators at the hospital, *From Midwives to Medicine* shows how a new medical practice developed out of the changing patterns and historical experiences of childbirth, as well as out of the context of the social relations of the sexes. Sim's patients were slave women in the antebellum South, poor Irish immigrants in the industrial North, and upper-class white. Protestant, Manhattan socialites who sought help for their "hysterical" symptoms. During his career, which began in the South and flourished at the Women's Hospital in New York. Sims performed and perfected his technique to "cure" vesico-vaginal fistulas, the tears of childbirth, from

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which so many women suffered. But Sims achieved these successes on the operating table only after years of practicing his "silver suture" technique on unanesthetized slave women, who he believed "by the nature of their race had a specific physiological tolerance for pain unknown to whites."

Sick from Freedom

"When Damon Tweedy first enters the halls of Duke University Medical School on a full scholarship, he envisions a bright future where his segregated, working class background will become largely irrelevant. Instead, he finds that he has joined a new world where race is front and center. When one of his first professors mistakes him for a maintenance worker, it is a moment that crystallizes the challenges he will face throughout his early career. Making matters worse, in lecture after lecture the common refrain for numerous diseases resounds: "more common in blacks than whites." [This book] examines the complex ways in which both black doctors and patients must navigate the difficult and often contradictory terrain of race and medicine"--

Race and Medicine in Nineteenth- and Early-twentieth-century America

In 1748, as yellow fever raged in Charleston, South Carolina, doctor John Lining remarked, "There is something very singular in the constitution of the Negroes, which renders them not liable to this fever." Lining's comments presaged ideas about blackness that would endure in medical discourses and beyond. In this fascinating medical history, Rana A. Hogarth examines the creation and circulation of medical

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ideas about blackness in the Atlantic World during the late eighteenth and early nineteenth centuries. She shows how white physicians deployed blackness as a medically significant marker of difference and used medical knowledge to improve plantation labor efficiency, safeguard colonial and civic interests, and enhance control over black bodies during the era of slavery. Hogarth refigures Atlantic slave societies as medical frontiers of knowledge production on the topic of racial difference. Rather than looking to their counterparts in Europe who collected and dissected bodies to gain knowledge about race, white physicians in Atlantic slaveholding regions created and tested ideas about race based on the contexts in which they lived and practiced. What emerges in sharp relief is the ways in which blackness was reified in medical discourses and used to perpetuate notions of white supremacy.

American Negro Slavery

A pathbreaking history of how participants in the slave trade influenced the growth and dissemination of medical knowledge As the slave trade brought Europeans, Africans, and Americans into contact, diseases were traded along with human lives. Manuel Barcia examines the battle waged against disease, where traders fought against loss of profits while enslaved Africans fought for survival. Although efforts to control disease and stop epidemics from spreading brought little success, the medical knowledge generated by people on both sides of the conflict contributed to momentous change in the medical cultures of the Atlantic world.

Medical Bondage

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The Book of Woe

Bondspeople who fled from slavery during and after the Civil War did not expect that their flight toward freedom would lead to sickness, disease, suffering, and death. But the war produced the largest biological crisis of the nineteenth century, and as historian Jim Downs reveals in this groundbreaking volume, it had deadly consequences for hundreds of thousands of freed people. In *Sick from Freedom*, Downs recovers the untold story of one of the bitterest ironies in American history--that the emancipation of the slaves, seen as one of the great turning points in U.S. history, had devastating consequences for innumerable freed people. Drawing on massive new research into the records of the Medical Division of the Freedmen's Bureau--a nascent national health system that cared for more than one million freed slaves--he shows how the collapse of the plantation economy released a plague of lethal diseases. With emancipation, African Americans seized the chance to move, migrating as never before. But in their journey to freedom, they also encountered yellow fever, smallpox, cholera, dysentery, malnutrition, and exposure. To address this crisis, the Medical Division hired more than 120 physicians, establishing some forty underfinanced and understaffed hospitals scattered throughout the South, largely in response to medical emergencies. Downs shows that the goal of the Medical Division was to promote a healthy workforce, an aim which often excluded a wide range of freedpeople, including women, the elderly, the physically disabled, and children. Downs concludes by tracing how the Reconstruction policy was then implemented in the American West, where it was disastrously applied to Native Americans. The widespread medical calamity sparked by emancipation is an overlooked episode of the Civil War and its aftermath, poignantly revealed in *Sick from Freedom*.

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The Caribbean Slave

In this study Professor Sheridan presents a rich and wide-ranging account of the health care of slaves in the British West Indies, from 1680-1834. He demonstrates that while Caribbean island settlements were viewed by mercantile statesmen and economists as ideal colonies, the physical and medical realities were very different. The study is based on wide research in archival materials in Great Britain, the West Indies and the United States. By steeping himself in the eighteenth- and nineteenth-century sources, Professor Sheridan is able to recreate the milieu of a past era: he tells us what the slave doctors wrote and how they functioned, and he presents a storehouse of information on how and why the slaves sickened and died. By bringing together these diverse medical demographic and economic sources, Professor Sheridan casts new light on the history of slavery in the Americas.

Epidemics and History

A detailed analysis of the occurrence of disease and the quality of medical care in antebellum Virginia focuses on the treatment of Black slaves and freemen

For the Health of the Enslaved

In the natural course of events, humans fall sick and die. The history of medicine bristles with attempts to find new and miraculous remedies, to work with and against nature to restore humans to health and

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well-being. In this book, Londa Schiebinger examines medicine and human experimentation in the Atlantic World, exploring the circulation of people, disease, plants, and knowledge between Europe, Africa, and the Americas. She traces the development of a colonial medical complex from the 1760s, when a robust experimental culture emerged in the British and French West Indies, to the early 1800s, when debates raged about banning the slave trade and, eventually, slavery itself. Massive mortality among enslaved Africans and European planters, soldiers, and sailors fueled the search for new healing techniques. Amerindian, African, and European knowledges competed to cure diseases emerging from the collision of peoples on newly established, often poorly supplied, plantations. But not all knowledge was equal. Highlighting the violence and fear endemic to colonial struggles, Schiebinger explores aspects of African medicine that were not put to the test, such as Obeah and vodou. This book analyzes how and why specific knowledges were blocked, discredited, or held secret.

Difference and Disease

A comprehensive analysis of the biological experience of black slaves in the Caribbean.

Doctors and Slaves

In the first half of the 19th century, the safeguarding of the health of the enslaved workers became a central concern for plantation owners and colonial administrators in the Danish West Indies. With the end of the slave trade, the longstanding excess mortality in the hardworking enslaved population became

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a crucial problem for the colony because the slaves could no longer be replaced. This book explores the health conditions of the enslaved workers and the health policies initiated by planters and the colonial government. The investigation reveals that, in a comparative Caribbean perspective, Danish West Indian health policies were often quite unique and efficient, but also that the health of the enslaved was a contested field, showing an ongoing power struggle between the planters, the colonial administration, and the slaves themselves.

Epidemic Illusions

Medicalizing Blackness

During the days of slavery in America, racism and often-faulty medical theories contributed to an atmosphere in which African Americans were seen as chattel: some white physicians claimed that African Americans had physiological and anatomical differences that made them well suited for slavery. These attitudes continued into the Reconstruction and Jim Crow eras. In *Race and Medicine*, historian Todd Savitt presents revised and updated versions of his seminal essays on the medical history of African Americans in the late nineteenth and early twentieth centuries, especially in the South. This collection examines a variety of aspects of African American medical history, including health and illnesses, medical experimentation, early medical schools and medical professionals, and slave life insurance. Savitt examines the history of sickle-cell anemia and identifies the first two patients with the

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disease noted in medical literature. He proposes an explanation of why the disease was not well known in the general African American population for at least 50 years after its discovery. Charleston Low Country and not elsewhere in the country. Other topics Savitt explores include African American medical schools, the formation of an African American medical profession, and SIDS among Virginia slaves. With its new research data and interpretations of existing materials, *Race and Medicine* will be a valuable resource to those interested in the history of medicine and African American history as well as to the medical community.

African American Slave Medicine

Before the nineteenth century, travellers who left Britain for the Americas, West Africa, India and elsewhere encountered a medical conundrum: why did they fall ill when they arrived, and why – if they recovered – did they never become so ill again? The widely accepted answer was that the newcomers needed to become 'seasoned to the climate.' Suman Seth explores forms of eighteenth-century medical knowledge, including conceptions of seasoning, showing how geographical location was essential to this knowledge and helped to define relationships between Britain and her far-flung colonies. In this period, debates raged between medical practitioners over whether diseases changed in different climes. Different diseases were deemed characteristic of different races and genders, and medical practitioners were thus deeply involved in contestations over race and the legitimacy of the abolitionist cause. In this innovative and engaging history, Seth offers dramatically new ways to understand the mutual shaping of medicine, race, and empire.

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Infectious Fear

Originally called mad-doctoring, psychiatry began in the seventeenth century with the establishing of madhouses and the legal empowering of doctors to incarcerate persons denominated as insane. Until the end of the nineteenth century, every relationship between psychiatrist and patient was based on domination and coercion, as between master and slave. Psychiatry, its emblem the state mental hospital, was a part of the public sphere, the sphere of coercion. The advent of private psychotherapy, at the end of the nineteenth century, split psychiatry in two: some patients continued to be the involuntary inmates of state hospitals; others became the voluntary patients of privately practicing psychotherapists.

Psychotherapy was officially defined as a type of medical treatment, but actually was a secular-medical version of the cure of souls. Relationships between therapist and patient, Thomas Szasz argues, was based on cooperation and contract, as is relationships between employer and employee, or, between clergyman and parishioner. Psychotherapy, its emblem the therapist's office, was a part of the private sphere, the contract. Through most of the twentieth century, psychiatry was a house divided-half-slave, and half-free. During the past few decades, psychiatry became united again: all relations between psychiatrists and patients, regardless of the nature of the interaction between them, are now based on actual or potential coercion. This situation is the result of two major "reforms" that deprive therapist and patient alike of the freedom to contract with one another: Therapists now have a double duty: they must protect all mental patients-involuntary and voluntary, hospitalized or outpatient, incompetent or competent-from themselves. They must also protect the public from all patients. Persons designated as mental patients may be exempted from responsibility for the deleterious consequences of their own behavior if it is attributed to mental illness.

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Bibliography of the History of Medicine

This volume traces the modern critical and performance history of this play, one of Shakespeare's most-loved and most-performed comedies. The essay focus on such modern concerns as feminism, deconstruction, textual theory, and queer theory.

Medicine and Slavery

The accomplishments of pioneering doctors such as John Peter Mettauer, James Marion Sims, and Nathan Bozeman are well documented. It is also no secret that these nineteenth-century gynecologists performed experimental caesarean sections, ovariectomies, and obstetric fistula repairs primarily on poor and powerless women. *Medical Bondage* breaks new ground by exploring how and why physicians denied these women their full humanity yet valued them as "medical superbodies" highly suited for medical experimentation. In *Medical Bondage*, Cooper Owens examines a wide range of scientific literature and less formal communications in which gynecologists created and disseminated medical fictions about their patients, such as their belief that black enslaved women could withstand pain better than white "ladies." Even as they were advancing medicine, these doctors were legitimizing, for decades to come, groundless theories related to whiteness and blackness, men and women, and the inferiority of other races or nationalities. *Medical Bondage* moves between southern plantations and northern urban centers to reveal how nineteenth-century American ideas about race, health, and status influenced doctor-patient relationships in sites of healing like slave cabins, medical colleges, and hospitals. It also retells

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the story of black enslaved women and of Irish immigrant women from the perspective of these exploited groups and thus restores for us a picture of their lives.

From Midwives to Medicine

For enslaved and newly freed African Americans, attaining freedom and citizenship without health for themselves and their families would have been an empty victory. Even before emancipation, African Americans recognized that control of their bodies was a

Liberation by Oppression

This book is a major and wide-ranging study of the great epidemic scourges of humanity--plague, leprosy, smallpox, syphilis, cholera, and yellow fever/malaria--over the last six centuries. It is also much more. Sheldon Watts, a cultural and social historian who has spent much of his career studying and teaching in the world's South, applies a wholly original perspective to the study of global disease, exploring the connections between the movement of epidemics and the manifestations of imperial power in the Americas, Asia, Africa, and in European homelands. He shows how the perceptions of whom a disease targeted changed over time and effected various political and medical responses. He argues that not only did Western medicine fail to cure the diseases that its own expansion engendered, but that imperial medicine was in fact an agent and tool of empire. Watts examines the relationship between the pre-modern and modern medical profession and such epidemic disasters as the plague in western Europe

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and the Middle East; leprosy in the medieval West and in the nineteenth-century tropical world; the spread of smallpox to the New World in the age of exploration; syphilis and nonsexual diseases in Europe's connection with Asia; cholera in India during British rule; and malaria in the Atlantic Basin during the eras of slavery and Social Darwinism. He investigates in detail the relation between violent environmental changes and disease, and between disease and society, both in the material sphere and in the minds and spirits of rulers and ruled. This book will become the standard account of the way diseases--arising through chance, through reckless environmental change engineered by man, or through a combination of each--were interpreted in Western Europe and in the colonized world.

Slavery and Medicine

Working Cures explores black health under slavery showing how herbalism, conjuring, midwifery and other African American healing practices became arts of resistance in the antebellum South and invoked conflicts.

Black Man in a White Coat

□Mark Harrison's book illuminates the threats posed by infectious diseases since 1500. He places these diseases within an international perspective, and demonstrates the relationship between European expansion and changing epidemiological patterns. The book is a significant introduction to a fascinating subject.□ Gerald N. Grob, Rutgers State University In this lively and accessible book, Mark Harrison

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charts the history of disease from the birth of the modern world around 1500 through to the present day. He explores how the rise of modern nation-states was closely linked to the threat posed by disease, and particularly infectious, epidemic diseases. He examines the ways in which disease and its treatment and prevention, changed over the centuries, under the impact of the Renaissance and the Enlightenment, and with the advent of scientific medicine. For the first time, the author integrates the history of disease in the West with a broader analysis of the rise of the modern world, as it was transformed by commerce, slavery, and colonial rule. Disease played a vital role in this process, easing European domination in some areas, limiting it in others. Harrison goes on to show how a new environment was produced in which poverty and education rather than geography became the main factors in the distribution of disease. Assuming no prior knowledge of the history of disease, *Disease and the Modern World* provides an invaluable introduction to one of the richest and most important areas of history. It will be essential reading for all undergraduates and postgraduates taking courses in the history of disease and medicine, and for anyone interested in how disease has shaped, and has been shaped by, the modern world.

Social Epidemiology

This socially conscious, culturally relevant book explores the little-known history and present climate of Black people in the medical field. It reveals the deficiencies in the American healthcare structure that have contributed to the mismanagement of healthcare in the Black population, and examines cross-currents that intersect with the major events in minority medical history. Illustrated across 10 expertly written chapters, this text features a longitudinal timeline with the presentation of evidence-based information drawn from historical, political, and clinical sources. The book begins with an analysis of

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diseases particularly prevalent in the Black community due to socioeconomic inequalities in available medical care. These diseases include sickle cell anemia, hypertension, heart failure, drug addiction, and HIV/AIDS. Bolstered by profiles of historically well-known Black physicians, stories of success in medical education, and the remarkable impact of Black medical organizations, subsequent chapters address the triumphs and tribulations of the Black medical professional in America. Concluding with an examination of the current health status of Black people in the United States, the book makes a case for future systemic improvements in healthcare delivery to minority communities. A unique, noteworthy reference, *Blacks in Medicine: Clinical, Demographic, and Socioeconomic Correlations* is written for a broad range of physicians and health providers, as well as professionals in the social sciences and public health.

The Experiential Caribbean

The crucial role played by diseases in economic progress, the growth of civilizations, and American history. In *Parasites, Pathogens, and Progress*, Robert McGuire and Philip Coelho integrate biological and economic perspectives into an explanation of the historical development of humanity and the economy, paying particular attention to the American experience, its history and development. In their path-breaking examination of the impact of population growth and parasitic diseases, they contend that interpretations of history that minimize or ignore the physical environment are incomplete or wrong. The authors emphasize the paradoxical impact of population growth and density on progress. An increased population leads to increased market size, specialization, productivity, and living standards. Simultaneously, increased population density can provide an ecological niche for pathogens and

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parasites that prey upon humanity, increasing morbidity and mortality. The tension between diseases and progress continues, with progress dominant since the late 1800s. Integral to their story are the differential effects of diseases on different ethnic (racial) groups. McGuire and Coelho show that the Europeanization of the Americas, for example, was caused by Old World diseases unwittingly brought to the New World, not by superior technology and weaponry. The decimation of Native Americans by pathogens vastly exceeded that caused by war and human predation. The authors combine biological and economic analyses to explain the concentration of African slaves in the American South. African labor was more profitable in the South because Africans' evolutionary heritage enabled them to resist the diseases that became established there; conversely, Africans' ancestral heritage made them susceptible to northern "cold-weather" diseases. European disease resistance and susceptibilities were the opposite regionally. Differential regional disease ecologies thus led to a heritage of racial slavery and racism.

The Caribbean and the Medical Imagination, 1764-1834

Opening a window on a dynamic realm far beyond imperial courts, anatomical theaters, and learned societies, Pablo F. Gomez examines the strategies that Caribbean people used to create authoritative, experientially based knowledge about the human body and the natural world during the long seventeenth century. Gomez treats the early modern intellectual culture of these mostly black and free Caribbean communities on its own merits and not only as it relates to well-known frameworks for the study of science and medicine. Drawing on an array of governmental and ecclesiastical sources—notably Inquisition records—Gomez highlights more than one hundred black ritual practitioners regarded as masters of healing practices and as social and spiritual leaders. He shows how they developed evidence-

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based healing principles based on sensorial experience rather than on dogma. He elucidates how they nourished ideas about the universality of human bodies, which contributed to the rise of empirical testing of disease origins and cures. Both colonial authorities and Caribbean people of all conditions viewed this experiential knowledge as powerful and competitive. In some ways, it served to respond to the ills of slavery. Even more crucial, however, it demonstrates how the black Atlantic helped creatively to fashion the early modern world.

Parasites, Pathogens, and Progress

With a few notable exceptions, historians have tended to ignore the role that science and medicine played in the antebellum South. The fourteen essays in *Science and Medicine in the Old South* help to redress that neglect by considering scientific and medical developments in the early nineteenth-century South and by showing the ways in which the South's scientific and medical activities differed from those of other regions. The book is divided into two sections. The essays in the first section examine the broad background of science in the South between 1830 and 1860; the second section addresses medicine specifically. The essays frequently counterpoint each other. In the first section, Ronald Numbers and Janet Numbers argue that the South's failure to "keep pace" with the North in scientific areas resulted from demographic factors. William Scarborough asserts that slavery produced a social structure that encouraged agricultural and political careers rather than scientific and industrial ones. Charles Dew offers a strong indictment of slavery, suggesting that the conservative influence of the institution severely discouraged the adoption of modern technologies. Other essays examine institutions of higher learning in the South, southern scientific societies, and the relationship between science and

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theology. The section on medicine in the Old South also examines the ways in which the medical needs and practices of the Old South were both similar to and distinct from those of other regions. K. David Patterson argues that slavery in effect imported African diseases into the Southeast and created a "modified West African disease environment." James H. Cassedy points out that land-management policies determined by slavery—land clearing, soil exhaustion—also helped create a distinctive disease environment. Other contributors discuss southern public health problems, domestic medicine, slave folk beliefs, and the special medical needs of blacks. *Science and Medicine in the Old South* is a long-overdue examination of these segments of the southern cultural milieu. These essays will do much to clarify misconceptions about the time and the region; moreover, they suggest directions for future research.

Slavery, Disease, and Suffering in the Southern Lowcountry

This book shows the important links between social conditions and health and begins to describe the processes through which these health inequalities may be generated. It reviews a range of methodologies that could be used by health researchers in this field and proposes innovative future research directions.

Medical Apartheid

From the era of slavery to the present day, the first full history of black America's shocking mistreatment as unwilling and unwitting experimental subjects at the hands of the medical

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establishment. *Medical Apartheid* is the first and only comprehensive history of medical experimentation on African Americans. Starting with the earliest encounters between black Americans and Western medical researchers and the racist pseudoscience that resulted, it details the ways both slaves and freedmen were used in hospitals for experiments conducted without their knowledge—a tradition that continues today within some black populations. It reveals how blacks have historically been prey to grave-robbing as well as unauthorized autopsies and dissections. Moving into the twentieth century, it shows how the pseudoscience of eugenics and social Darwinism was used to justify experimental exploitation and shoddy medical treatment of blacks, and the view that they were biologically inferior, oversexed, and unfit for adult responsibilities. Shocking new details about the government's notorious Tuskegee experiment are revealed, as are similar, less-well-known medical atrocities conducted by the government, the armed forces, prisons, and private institutions. The product of years of prodigious research into medical journals and experimental reports long undisturbed, *Medical Apartheid* reveals the hidden underbelly of scientific research and makes possible, for the first time, an understanding of the roots of the African American health deficit. At last, it provides the fullest possible context for comprehending the behavioral fallout that has caused black Americans to view researchers—and indeed the whole medical establishment—with such deep distrust. No one concerned with issues of public health and racial justice can afford not to read *Medical Apartheid*, a masterful book that will stir up both controversy and long-needed debate.

The Medical Imagination

African-American Slave Medicine offers a critical examination of how African-American slaves

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medical needs were addressed during the years before and surrounding the Civil War. Drawing upon ex-slave interviews conducted during the 1930s and 1940s by the Works Project Administration (WPA), Dr. Herbert C. Covey inventories many of the herbal, plant, and non-plant remedies used by African-American folk practitioners during slavery. He demonstrates how active the slaves were in their own medical care and the important role faith played in the healing process. This book links each referenced plant or herb to modern scientific evidence to determine its actual worth and effects on the patients. Through his study, Dr. Covey unravels many of the complex social relationships found between the African-American slaves, Whites, folk practitioners, and patients. African-American Slave Medicine is a compelling and captivating read that will appeal to scholars of African-American history and those interested in folk medicine.

The Yellow Demon of Fever

This study re-evaluates the field known as Negro/Slave Medicine, which has traditionally focused on the efforts of slaveowners to provide medical care for their slaves, addressing the slaves' proactive management of medical care; brutality as a cause of the constant need for medical attention; and the health risks posed by arduous agricultural labor. This groundbreaking study offers insight into the health problems facing enslaved people, their attempts to deal with the causes and effects of illness and injury, and the slave owners' attitudes toward the medical treatment of slaves. The appendices present valuable data on the medical treatment of enslaved African Americans from the Touro Infirmary Archives that have never before been published.

Access PDF Medicine And Slavery The Diseases And Health Care Of Blacks In Antebellum Virginia

The History of the Negro in Medicine

Health and medicine in colonial environments is one of the newest areas in the history of medicine, but one in which the Caribbean is conspicuously absent. Yet the complex and fascinating history of the Caribbean, borne of the ways European colonialism combined with slavery, indentureship, migrant labour and plantation agriculture, led to the emergence of new social and cultural forms which are especially evident the area of health and medicine. The history of medical care in the Caribbean is also a history of the transfer of cultural practices from Africa and Asia, the process of creolization in the African and Asian diasporas, the perseverance of indigenous and popular medicine, and the emergence of distinct forms of western medical professionalism, science, and practice. This collection, which covers the French, Hispanic, Dutch, and British Caribbean, explores the cultural and social domains of medical experience and considers the dynamics and tensions of power. The chapters emphasize contestations over forms of medicalization and the controls of public health and address the politics of professionalization, not simply as an expression of colonial power but also of the power of a local elite against colonial or neo-colonial control. They pay particular attention to the significance of race and gender, focusing on such topics as conflicts over medical professionalization, control of women's bodies and childbirth, and competition between "European" and "Indigenous" healers and healing practices. Employing a broad range of subjects and methodological approaches, this collection constitutes the first edited volume on the history of health and medicine in the circum-Caribbean region and is therefore required reading for anyone interested in the history of colonial and post-colonial medicine.

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Disease and the Modern World: 1500 to the Present Day

On the eve of the Revolution, the Carolina lowcountry was the wealthiest and unhealthiest region in British North America. *Slavery, Disease, and Suffering in the Southern Lowcountry* argues that the two were intimately connected: both resulted largely from the dominance of rice cultivation on plantations using imported African slave labor. This development began in the coastal lands near Charleston, South Carolina, around the end of the seventeenth century. Rice plantations spread north to the Cape Fear region of North Carolina and south to Georgia and northeast Florida in the late colonial period. The book examines perceptions and realities of the lowcountry disease environment; how the lowcountry became notorious for its 'tropical' fevers, notably malaria and yellow fever; how people combated, avoided or perversely denied the suffering they caused; and how diseases and human responses to them influenced not only the lowcountry and the South, but the United States, even helping to secure American independence.

Pox Americana

Recreates one of the most overlooked chapters in American history--the smallpox epidemic that coincided with the Revolutionary War--tracing its influence on colonial life and the course of the war.

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